

Committee Treasurer

Missouri Ethics Commission (MEC)
P.O. Box 1370, Jefferson City MO 65102, (800) 392-8660, www.mec.mo.gov

Statement of Committee Organization

Office Use:	
A211973	

1. Statem	ent Information				
Date: 1	.0/26/2021				
Туре:	New Amended (if amending, enter MEC ID	& section cl	hanged)		
2. Commi	ttee Information				
	for Mayor				
Name of Co			(816) 351-9189		
	8012 3603 Wheatridge St. Joseph, MO 64508 Mailing Address, City, State, & Zip		Telephone Number		
[REDAC	-	Buchanan County Clerk			
	mittee Email Address tee Type: Campaign Candidate Cont		Exploratory Political Pary		
		tilidilig(i Ae) Dest service Li	- Tollitical Fairy		
	er/Deputy Treasurer Information				
Lauren Treasurer's	Lewis Name (First & Last)	[REDACTED] Treasurer's Email Address (optional)	<u> </u>		
3208 Sc	outh 33rd Terrace PO Box 8012 St. Joseph, MO	(816) 351-8195	(816) 351-9189		
64503	Mailing Address City Chata 9 7in	Phone 1	Phone 2		
rreasurer s	Mailing Address, City, State, & Zip		Priorie 2		
Deputy Trea	surer's Name (if one appointed)	[REDACTED] Deputy Treasurer's Email Address (options)	al)		
,					
	ssurer's Mailing Address, City, State, & Zip	Phone 1	Phone 2		
	nal Committee Information				
-	wis (President) Robert Ford (Vice President) Lewis (Treasurer)		3603 Wheatridge St. Joseph, MO 64506 2929 Lovers Lane St. Joseph, MO 64506 3208 South 33rd Terr St. Joseph, MO		
Lauren	Lewis (Treasurer)	64503			
Additional C	dditional Committee Officer's Name & Title (if any) Additional Committee Officer's Mailing Address, City, State, & Zip				
Connected (Organization's Name (if any)	Connected Organization's Mailing Address	Connected Organization's Mailing Address, City, State, & Zip		
CANDID	ATES: Do you have more than one candidate commi	ittee? Yes (refer to instruction	? Yes (refer to instructions on back) No		
Official	Bank Account Information (required by all committ	tees)	•		
[REDAC	· · · · · ·	[REDACTED]	[REDACTED]		
	ling Address, City, State, & Zip of Financial Institution	Account Name	Account Number		
6. Candida	ite Supported or Opposed (candidate committees r	must include self, if candidate)			
	wis 3603 Wheatridge St. Joseph, MO 64506	(816) 351-9189			
Name & Ma	illing address, City, State, & Zip of Candidate	Phone 1	Phone 2		
02/08/2 Election Dat		Non-Partisan Political Party	Support or Oppose		
7 Ballot N	Measure Supported or Opposed (campaign committ	,			
. Ballot I	neasure supported of opposed (campaign committee	sees must complete this section,			
Name of Ba	llot Measure	Election Date & Political Subdivision	Support or Oppose		
3. Signatu	re(s) Check certification(s) & sign (required by all co	ommittees)			
	■affirm and attest under penalty of perjury that information and facts in this report are complete, true, and accurate. I				
further	acknowledge that I am aware that any false stateme	ent or declaration made herein is pu	ınishable under Ch. 575 RSMo.		
FLECTR	ΟΝΙCALLY FILED Oct 27 2021 12:07 ΔΜ	FLECTRONICALLY FILED Oct	· 27 2021 12·07 ΔM		

Candidate (Candidate Committees Only)

MO 300-1308 Packet (Rev. 10/2019)